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VARICOCELE
TREATED BY COMPRESSION,

WITH

THE DESCRIPTION OF A NEW INSTRUMENT FOR ACCOMPLISHING
THIS METHOD OF CURE.

BY

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TO

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These Pages

ARE RESPECTFULLY INSCRIBED

BY

THE AUTHOR.

DALKEITH, Nov. 1, 1848.

VARICOCELE TREATED BY PRESSURE.

THE following pages have been written with the view of inducing surgeons to try a plan of treatment for the cure of varicocoele, the nature and success of which seem little known to the profession in general. That it *is* little known, I am led to believe from conversations with our principal surgeons in Edinburgh on the subject; and from the fact that, in the medical journals of the day, little mention is made of this safe and successful method of cure. On the other hand, scarcely a periodical appears that has not a description of one or other of the numerous and hazardous operations that are continually practised for the radical removal of this complaint.

Mr Curling of London, so far as I am aware, is the only one who has published cases of varicocoele cured by this plan: and here I gladly seize the opportunity of acknowledging the benefit I have derived from what he has written on the subject.¹

In the monthly *Retrospect* of this Journal for August last, there is given a case of cure by M. Vidal's process, which, with the exception of M. Breschet's plan, is perhaps the most generally successful of the seven or eight different methods which have been resorted to for the obliteration of the spermatic veins, when affected by this disease. But we not unfrequently hear of disastrous consequences following even this operation. A few days ago, Mr Syme mentioned to me that he had seen lately, in London, a melancholy case of fatal phlebitis following an operation for obliteration of these veins.

In having recourse to any means for the relief or cure of varicocoele, it ought always to be borne in mind that the affection itself is not at all a serious one; and, therefore, that no surgeon is justified in having recourse to any dangerous expedient for the removal of a disease only troublesome, not dangerous in its effects. If warranted in any extreme case—as when much pain is experienced, and when injury to the testes may be threatened—an operation ought only to be had

¹ “Nor am I aware of any one else having written on this subject.” Mr Curling's letter, hereafter quoted, August 22, 1848.

recourse to when palliative measures and the method I am about to explain have failed in giving relief. Mr Syme, and other judicious surgeons who have not yet tried this plan, seldom or never now have recourse to such dangerous procedures as those of Velpeau, Breschet, Ricord, &c.—thinking it better to be content with palliative treatment than to risk the lives of their patients, by performing operations fraught with much danger. This palliative treatment consists of frequent bathing of the parts in cold water, together with the use of a suspensory bandage, or, in urgent cases, excision of a portion of the scrotum, to serve the same end more completely, and with less trouble to the patient. The curative measure we now propose is not more troublesome than an ordinary suspensory bandage, and certainly greatly to be preferred to the latter of these modes of trussing. We hope the day is not far distant when the details of such doubtful and hazardous operations as those of Velpeau, &c., will only be interesting as matters of surgical history. As a means of accomplishing this desirable end, we confidently look forward to the *pressure* plan of treatment doing much.

The plan appears *a priori* opposed to the intentions to be fulfilled in the treatment of varicose veins in general. I hope, however, to be able to show in the observations to be made on the following case, that the plan is not only sound in practice, but intelligible in theory. In several instances I have recommended this practice to other practitioners; but only in a few instances, as yet, have I personally superintended this method of treating varicocele. The following is the only case that has been under treatment sufficiently long to render it worthy of detail.

CASE.—*Large Varicocele on the Right Side, upwards of Twenty Years' standing completely relieved by Pressure.*—This varicocele, which consisted of a plexus of dilated veins wholly surrounding the body of the testicle, and extending up the inguinal canal, gave rise for many years to great uneasiness, consisting principally of a disagreeable sense of dragging and weight from the loins, and occasional sickness after much exertion. Standing long in one position gave rise to the same; and sometimes to a dull aching pain in the affected parts. The testicle of the affected side was not smaller, as often happens in such cases, but felt somewhat softer than that on the sound side. Two surgeons, who saw the case about four years ago, were of opinion that it was one of serotal hernia; and accordingly recommended a spring truss to be applied. This was done for a time, but could not be persevered with, as the ordinary hernial truss did not prevent the tumour re-appearing—when pain was produced to such an extent as to require immediate removal of the instrument. About this time Professor Syme was consulted, who soon detected the real state of matters. He immediately forbade the use of the truss, and ordered local bathing with cold water once or twice a-day—and that the trousers of the patient should be worn well *braced up*. By this means, the trousers being worn so as to exert not only pressure over the scrotum, but considerable pressure on the dilated veins at the external ring, great relief was given to local and general, including mental, uneasiness.

As is common in cases of varicocele and other secret disorders in early life, there was great mental distress in this case—out of all proportion to the actual disease. At times the depression of spirits had been such as to interfere with



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Fig. 1.

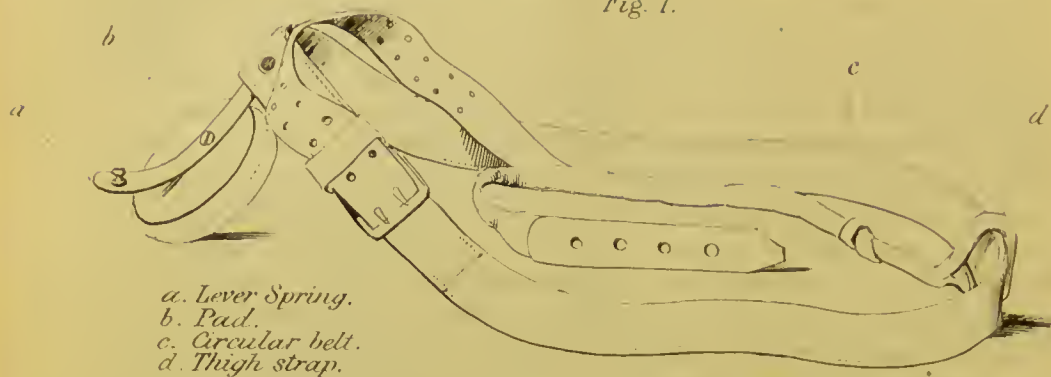


Fig. 2.

Evans's Moc-main lever truss applied.

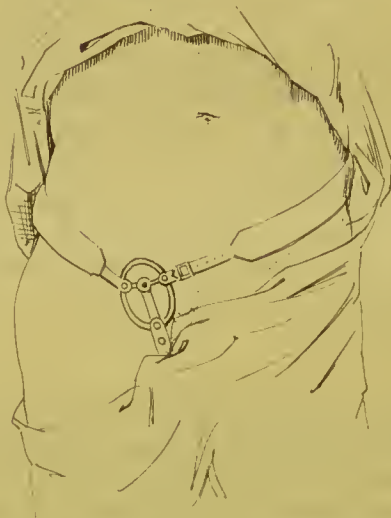
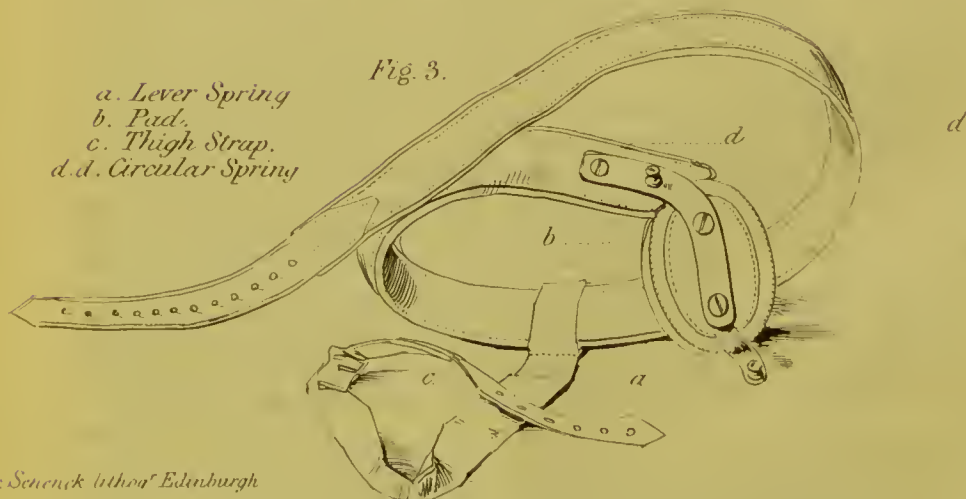


Fig. 3.

a. Lever Spring
b. Pad.
c. Thigh Strap.
d. Circular Spring



Fr. Senneker lithog. Edinburgh

all mental exertion of any useful description. Much of the relief afforded in this last respect, I have no doubt, was due to the assurance given, that the affection was not a serious one—at the worst only an inconvenience. But that the relief mainly depended on the pressure exerted in the manner described, was proved by the circumstance, that when trowsers were used that did not admit of this *bracing*, the pain and many of the other symptoms immediately returned. Here it may be stated, that no sensible benefit had been derived from the use of the ordinary suspensory bandage. It was my knowledge of the effects of the bracing on the dilated veins, that led me to recommend for this case a simple contrivance, that might exert the necessary pressure independently of the trowsers. This bandage (see Fig. 1, of Plate) consisted of one strap or belt to encircle the abdomen, with a pad projecting from the right side of it, to be retained over the tumour in the inguinal canal, and the pressure there regulated by means of a thigh-strap. This afforded relief, but still was not sufficient to remove the disagreeable sensations already described.

Some time after this I was much gratified to find, on reading Mr Curling's valuable work "On the Testis," that he had recorded there two cases of varicocele, one of which had been completely relieved by pressure—exerted by Evans's patent lever truss—in twelve months, and the other, as subsequent observations¹ have shown, completely cured in fifteen months. Although opposed to preconceived notions of the indications to be fulfilled in the treatment of varicose veins, yet from what I had seen of the benefits of pressure, as already stated, I had no hesitation in giving Evans's truss a fair trial. Before applying it, Mr. Curling was consulted, when, on examining the case, he at once agreed with me in thinking it one of decided varicocele, and, moreover, very favourable for treatment by pressure. Accordingly, Evans's patent (moc-main) lever truss (Fig. 2) was applied over the external ring. The patient, as the result of this trial, was not more astonished than delighted to find that, for the first time in his own recollection, no tumour appeared in the scrotum on rising from the recumbent posture. Now and then, however, the tumour reappeared when violent exercise was taken on horseback, or otherwise. From this circumstance, and other reasons that will be mentioned in the subsequent observations, if space permit, I was led to invent a more efficient truss for this case of old standing varicocele. This instrument (Fig. 3) consists of a small circular spring, with a pad attached to it, so constructed that it can be made to extend as little and as much beyond the external ring as may be thought necessary for the extent of the affection, or as the shape of the pelvis may require. On the outer surface of the pad is fixed the same simple lever spring that I had made for the first truss, and is nearly the same as that on the moc-main truss—which I would recommend for slight and recent cases of varicocele *only*. To the free end of this spring is attached the ordinary thigh-strap, by which, while steady pressure is kept up over the inguinal canal, the pressure can be increased or diminished at will over the external ring. Since the employment of this last instrument, now ten months ago, though most violent exercise has been taken, preternatural dilatation of the veins has not once occurred; and, during the whole of that period, perfect immunity has been experienced from all the distressing annoyances of a varicocele. The patient is now apparently free from the disease, and both testicles feel alike natural.

This case is interesting in several particulars. The varicocele was on the right side, had been of long standing, had occurred long before puberty, and had been mistaken for a hernia by two experienced surgeons. Before touching on any of these points, it will be as well here to explain as far as possible the *modus operandi* of

¹ London Med. Chirurg. Transactions, vol. xxix.

the *pressure* plan. As already remarked, it is opposed to former belief; namely, that all pressure exerted on a vein, short of causing obliteration between a varicose enlargement and the heart, must increase, not diminish such enlargement.

I am convinced that many surgeons have been deterred from trying the plan I am now advocating, from the erroneous impression that the force applied must be such as to cause obliteration of the veins. Professor Miller, in his treatise on practical surgery, mentions the possibility of applying such force by means of a spring truss; but, at the same time, informs his readers that it is the "most objectionable of the modes of cure."¹ Fortunately, the plan I am advocating does not aim at oblitative pressure—it only seeks to restore the diseased vessels to their natural tone and calibre. This is to be effected by maintaining such an amount of firm, steady, and equable pressure over the external abdominal ring as shall not permanently obstruct, merely afford the weakened vessels proper support at that point, so as to remove the superincumbent weight of the blood from the distended veins below. That the pressure shall temporarily supply the place of valves, rendered incompetent from over-distension, is the important desideratum. When the vessels shall have regained their wonted strength and size, then the valves will resume their proper function of resisting hydrostatic pressure. After this end is gained, a cure is established. When properly applied, there is not the slightest risk of the pressure acting injuriously on the testicle, by interfering with the circulation of the spermatic artery. So far from such a result occurring, the testicle will resume its natural size under the influence of pressure, though formerly atrophied on account of the affection. The venous return will be carried on by the vessels not affected with the disease, and probably also to a certain extent by some of the diseased vessels themselves. We are aware that some difficulties in relation to the forces moving the blood, and the pressure exerted by that fluid on the vessels, are presented to the clear comprehension of this theory. And we would here observe, that we rest the claims of this mode of treatment on its practical results, and not on the theory advanced to explain it.

It will be seen from the foregoing statements that a nice adjustment of pressure is necessary. The instrument used by Mr Curling for this purpose is what has been called the *moc-main*¹ lever, or Evans's patent truss. This instrument, as will be seen from the

¹ Mr Miller recommended in the case given in the text *gentle* pressure, to be applied by means of a spring truss, not as a curative but palliative measure, and mainly to prevent herniary protrusion. This last we think an important end to be gained by the use of the truss in cirsocele; for we cannot help thinking, as stated by Mr M., that varicose veins extending up the inguinal canal may pave the way for hernial descent.

¹ The truss is so called after the name of the material with which the pad is stuffed. "*Moc-main*" is the produce of the silk cotton-tree, *Bombax heptaphyllum*, a plant which grows abundantly in the East Indies. It is of a

drawing, has only a lever spring. Though devoid of a circular spring, I believe it to be sufficient for the cure of most cases of cirsocele, but not without causing great discomfort, when much pressure is necessary to support the superincumbent weight of the blood. In cases of old standing, such as the one given in this communication, it may even prove unequal to the task. The discomfort does not arise from the pressure exerted by the pad, for it seems superior to others in this respect (see foot-note), but from the tightness with which it is necessary for the encircling belt to be drawn when much pressure is wanted. The moc-main truss being faulty in these two particulars, *i. e.*, not always able to keep up the varicocele, and giving rise to uneasiness from the tightness with which it is sometimes necessary to fasten the encircling belt—I was led to contrive a different and more efficient kind of instrument. This is a combination of the ordinary spring and lever truss; it has therefore a circular and lever spring, to the former of which the pad is attached (as described at p. 298) in such a manner as to admit of slight elongation. The pad may or may not be stuffed with moc-main; the simple cork and flannel pad will be easily borne in most cases. The length of the pad should depend upon the extent of the disease. Some months ago I was consulted by a person labouring under a varicocele of considerable size, accompanied with oblique inguinal hernia. In this case I caused the pad to be made a little longer than usual, so as to press firmly over the internal as well as external ring; and also, to have the encircling spring made stronger than usual in the truss I advise for varicocele. Cases of this kind are continually neglected, from ignorance of the plan of cure I am recommending, inasmuch as for their relief only a palliative measure is generally prescribed. Very lately I was told of a case of large varicocele, complicated with reducible hernia, where the patient suffered much, and where the surgeons consulted advised only a suspensory bandage, thinking that the condition of matters would only be aggravated by the application of a spring truss. I need scarcely say, that when the case was mentioned to me, I recommended the person should procure a truss with such a pad as I used in the case just alluded to. In the formation of the pad, care must be taken that it be not made too conical; for, if so, the veins may be separated instead of supported. Between the skin and the pad there should always be interposed a piece of chamois leather, which can be changed as often as necessary. We here recommend, as an important adjunct, that the trowsers be worn so as to take off the weight of the testicles from the cord. The thin circular spring (not required so strong as in hernia) of this truss, if well fitted to the body, must be much more

white, shining appearance, and possesses great lightness and elasticity, on account of which the pad stuffed with it “allows,” as Mr Curling has stated, “of the application of greater force than could be tolerated under other circumstances.”

agreeable than a belt tightly encircling the pelvis. But the instrument I have contrived has other important advantages over that hitherto used by Mr Curling. From the oblique direction of the ends of the encircling belt of that used by Mr. C., when attached to the pad and on the body, there is a continual striving for displacement of the pad upwards, which, to a certain extent, does away with *direct* pressure over the spermatic veins; also, if the thigh-strap of the moc-main truss become disengaged (as often happens), the whole pressure is instantly removed. In the truss I recommend for varicocele, the responsibility of the pressure is divided between the circular and lever springs; so that, even if the latter should become temporarily useless from disengagement of the thigh-strap, the pressure of the former is still sufficient for a time to prevent distension of the veins. Again, the moc-main truss requires the thigh-strap to be always more or less tight, for upon it its usefulness entirely depends; whereas the thigh-strap in my truss need not always be tight,—in fact, may occasionally be dispensed with altogether. Pressure is kept up over the important point (the external ring), to a certain extent, without the thigh-strap. It is only, therefore, when much and violent exercise is taken, that it need be tightly applied.

Diagnosis.—A knowledge of the *pressure* plan of treatment is highly important in the diagnosis of varicocele. Ignorance of it caused the above case to be mistaken for scrotal hernia. The surgeon who did so stated, when consulted,—“You see that the tumour disappears on the patient assuming the recumbent posture, but does not reappear, while my fingers remain firmly pressed over the abdominal outlet, on the patient rising to the erect posture. If it had been a varicocele,” said he, “it would have reappeared; being a hernia it does not.” The same doctrine is very generally taught in systematic works. To show this we make no selection; we only quote from the works that happen to be on our table. “Pressure is then made at the ring and the patient rises, when the swelling will reappear if depending upon vascular enlargement, as the blood cannot thus be prevented from finding its way through the arteries; but the tumour will not return if of a hernial nature.”¹ “Unlike hernia, there is return of swelling on resumption of the erect posture and on abdominal exertion, though the thumb be kept accurately and firmly placed on the abdominal outlet.”² Although the first quotation does not say positively, like the second, that the pressure must be *firm*, yet it is sufficiently calculated, in many instances, to mislead. Mr Syme himself admits, that the test, as given in the above quotation, is “frequently ambiguous;” he was therefore too much the practical surgeon to trust to it in the above case. He had met with a few cases where, by pressure, he said, it was quite possible to keep up a varicocele for a short time, and he looked upon this case as one of the

¹ Syme's Principles of Surgery. 1837. P. 362.

² Miller's Practice of Surgery, p. 366.

same kind. Had the effects of pressure, exerted by a truss such as I have recommended, been tried in these cases, it would have been found that the veins might have been kept *permanently* free from morbid dilatation. It is in cases of this kind—namely, in those where the veins are found to be relieved by the firm application of the fingers to the external ring—that the treatment is most applicable. Indeed, we feel convinced that, in all cases, other things being equal, in which firm pressure exerted by the fingers is sufficient temporarily to keep up a varicocele, a cure is to be regarded as certain when adequate pressure is applied permanently by means of a truss. The case I have given goes to prove this, as do those published by Mr Curling.

It is very frequently stated in books, that the diagnosis between varicocele and hernia is an easy matter. The case detailed proves the contrary. To make a correct diagnosis is of great consequence to the patient, as the application of an ordinary oblique hernial truss, where the principal pressure is wanted over the internal, and not, as in the case of varicocele, over the external ring, may seriously inconvenience the patient, and aggravate the disease. We have the testimony of Mr Syme as to the difficulty of diagnosis when the dilatation occurs high in the cord, in which case the dilated veins receive an impulse on coughing, and in other respects resemble an inguinal hernia, particularly one consisting of omentum. As the most certain means of ascertaining the truth, the same author directs the surgeon “to compress the neck of the swelling while the patient stands erect, when, if composed of dilated veins, *it will become more tense*.” There is a statement made by Mr Curling,¹ which would show that this plan may also prove fallacious. He says, “In a patient affected with this disease, if the spermatic cord be pretty firmly compressed between the fingers whilst the patient is in the recumbent position, and the vessels are empty, it will be found, on his assuming the erect position, that the vessels, instead of swelling as before, still remain empty and contracted. Even, too, when the patient is standing and the veins are full, if firm pressure be made on the cord, the vessels below, being thus relieved of the superincumbent weight of the blood, will gradually become emptied of their contents.”

Notwithstanding this latter statement—for the truth of which in every case, if in any, we would not vouch—the plan of grasping the cord firmly between the fingers—pinching and rubbing the vessels between finger and thumb—is, in the hands of the experienced surgeon, perhaps the most certain means of diagnosis; not because in this way the tumour becomes more tense (which it may or may not, according to the amount of pressure exerted), but because educated fingers can best by this means distinguish the tortuous and dilated vessels of a varicocele from other tumours of these parts. The

¹ On Diseases of the Testis, p. 469.

student may still be taught the ordinary plan, as given in books, provided he be made aware that the pressure must be *gentle* and not *firm*, as most authors have it; for, as has been shown, if the pressure exerted be great, the veins may remain empty and contracted. Gentle pressure in most cases will suffice to keep up a hernia, but not a varicocele: firm pressure in most cases will keep up both. I would recommend the following manner of stating this method of distinguishing between the two diseases. Place the patient recumbent, and raise the scrotum until the swelling disappear: let gentle pressure be now applied at the abdominal outlet, and the patient made to assume the erect posture, when, if a varicocele, the tumour will reappear, but not so if a hernia. The tumour will be seen to reappear from below if a varicocele, and, on all pressure being removed, from above if a hernia.

In concluding these remarks, we would repeat the great principle of treatment to be, the application of such an amount of pressure at the external ring as shall take off the weight of the column of blood from the distended veins below, and, in this manner, permit of their returning to their natural tone and dimensions. I am convinced that the chief element in this method of cure must be the relief afforded to the over-distended vessels by the removal of *superincumbent* pressure. That the superincumbent weight of the blood does act injuriously, and that its removal must act beneficially on a varix, may be easily demonstrated. To illustrate the point, we prefer quoting a great authority to giving any statement or explanation of our own. The illustration was made on a patient who had an unusually large cluster of varicose veins on the inside of the leg, "while the *vena saphena major* was of enormous diameter. If I put on a bandage," says Sir Benjamin Brodie, "and squeezed the blood out of the veins below, and then put my thumb on the *vena saphena* above, so as to stop the circulation through it, I found, on taking off the bandage, the patient being in the erect posture, that the cluster of veins below filled very slowly, and only from the capillary vessels." But on removal of the pressure, the valves of the vein being useless, "the blood rushed downwards by its own weight, contrary to the course of the circulation, and filled the varicose cluster below almost instantaneously."¹

How long it may be necessary to keep up pressure by a truss, to allow the veins to resume their wonted healthy condition, the case I have given does not show; for the truss, now in use ten months, has not yet been discontinued. From seven to nineteen months would appear to be the period necessary, according to Mr Curling's experience. Much will depend upon the age of the patient, as the same authority has pointed out in his work on the *Diseases of the Testis*, in which he states that the plan is particularly applicable in young

¹ "Lectures on Pathology and Surgery." By Sir Benjamin Brodie, Bart. 1846. P. 186.

persons, whose reparative powers are sufficient to restore the veins to their normal state. Cases occurring in old persons, will, for the most part, only be relieved, not cured. When there is a general lax habit of body, general treatment, as a means of increasing the reparative power, ought not to be neglected. Medicines calculated to give tone to the system, such as iron, quinine, salicin, &c., ought to be given in conjunction with nourishing diet and cold bathing. A cold water *lavement*, practised frequently, is also calculated to be of great service, by unloading, without weakening, the coats of the lower bowel, distension of which is well known to aggravate this complaint. Since directing my attention to this subject, it has been a question with me whether the *pressure principle* might not be applied to varicose veins of other parts. The other day I took advantage of a patient visiting me—upon whom I had operated some time ago according to M. Velpeau's process,¹ and upon whom the effects described by Sir Benjamin Brodie could readily be produced—to recommend a pad of cork, covered with chamois leather, to be applied in the same manner, but not so tightly, as a tourniquet, over at least two inches of the internal *saphena*, as it passes over the back part of the inner condyle of the femur. My object in applying pressure over two inches of the vein, is to avoid the effect of a common garter, which is generally believed to be injurious. A short period will show the result of this trial. On the evening of the same day that this man called, I received a letter from Mr Curling, mentioning the fact of relief having been obtained in this way of varicose veins in the upper part of the thigh. I was not aware, when I recommended the plan, that it had been ever tried; but it might easily suggest itself as a feasible plan to any one conversant with the results that have been obtained in varicocele. I cannot refrain from inserting here a portion of this letter, emanating, as it does, from a distinguished ornament of medical literature, as well as from one to whom the profession is indebted for first carrying out and giving publicity to this method of curing varicocele. After stating that he continues to entertain the same favourable opinion of the treatment that he had expressed in the *Medico-Chirurgical Transactions*, he goes on to say,— * * * “In no case of painful varicocele in which the patient has remained under observation, have I failed, sooner or later, in giving relief, by persevering in the treatment. As your experience teaches, success depends upon the proper adjustment of the truss, and a due amount of pressure. Some surgeons, not fully appreciating the principle of this treatment, have hesitated to employ it from apprehension of adding to the evil; but it is a curious circumstance, that, amongst the large number of cases of hernia in which a truss has been worn that have come under my notice, I

¹ I inserted four or five needles in this case, behind a large vein leading from an enormous varicose cluster. This cluster had nearly disappeared, but I saw that another of nearly the same size had formed further down the leg.

cannot call to mind one complicated with varicocele.”—(A most convincing proof of the efficacy of pressure, this statement, coming from one enjoying large opportunities of examining cases at dispensaries, hospitals, &c.)—“If the pressure operate injuriously on the spermatic veins, that might be expected to be a common complication. I may mention that, in two or three cases of large varicose veins at the upper part of the thigh, great relief has been obtained from the pressure of a truss. I am glad to learn that you intend making this plan of treating varicocele better known in the north, and I shall look forward with interest to a perusal of your observations on the subject in the excellent *Monthly Journal*.—I am, &c.

“T. B. CURLING.”

Perhaps it may be thought by some that too much is made of the subject of varicocele. This may naturally be thought by the practitioner in private practice, who is seldom consulted on account of the disease. The conclusion very generally come to by such is, that this complaint is of unfrequent occurrence, and not worthy of much attention when it does happen. That the first opinion is erroneous we will immediately prove; and that the second is equally so, may be inferred from the circumstance, that varicocele is an important cause of rejection in both the naval and military services, as well as from the fact, that severe and dangerous operations have been long and frequently had recourse to for the removal of this disease; and that even the most distinguished surgeons (amongst whom Sir B. Brodie) have thought themselves occasionally warranted to perform the operation of castration, to rid their patients of severe and intolerable suffering.

Through the kindness of my esteemed friend, Mr Marshall, deputy inspector-general of army hospitals, I have been put in possession of some valuable statistics on this subject, not yet published. The returns of Edinburgh and Glasgow, as given below, are, I believe, unique, in respect of their pointing out the relative frequency of varicocele on the right side as compared with the left.

*Statistics of Recruiting in Great Britain and Ireland during the
Year ending 31st March 1844.*

Total number of recruits medically inspected	.	.	.	.	.	.	17,540
Ditto rejected	.	.	.	.	.	.	6,026
Found fit	.	.	.	.	.	.	11,514

Some of the causes of Rejection.

Total Rejections of each Class.

Hernia (inguinal, femoral, umbilical)	}	229=36.3 per 1000 rejected.
Varicose state of the veins of the spermatic cord		424=70.3 per 1000 rejected, or 24 per 1000 inspected.
Varicose state of the veins of the lower extremities		582=96.5 per 1000 rejected.

*Statistics of Reeruiting in Great Britain and Ireland during the
Year ending 31st March 1845.*

Number inspected	:	:	:	:	:	:	:	:	:	:	:	13,370
Ditto rejected	:	:	:	:	:	:	:	:	:	:	:	4,146

Approved 9,224

Some of the causes of Rejection.

Total Rejections of each Class.

Varicocele	.	.	.	.	.	.	.	.	.	.	.	.	{ 264=63·6 per 1000 rejected, or 19·7 per 1000 inspected.
Hernia	.	.	.	.	.	.	.	.	.	.	.	.	{ 227=54·7 per 1000 rejected.

Return of the Number of Reeruits for the Army inspected at Edinburgh, from 25th March 1817 to 31st December 1822, divided into annual periods, wherein the Number deemed fit for the Service are distinguished from those considered to be unfit, with a Specification of the causes of Rejection.

661	Number inspected for	.	.	.	.	.	.	.	.	1817
614	" "	.	.	.	.	.	.	.	.	1818
597	" "	.	.	.	.	.	.	.	.	1819
927	" "	.	.	.	.	.	.	.	.	1820
629	" "	.	.	.	.	.	.	.	.	1821
1041	" "	.	.	.	.	.	.	.	.	1822
4469	Total inspected.									

Rejected for varicocele on the right side	.	.	.	.	.	.	.	6
Ditto on the left side	.	.	.	.	.	.	.	132
Ditto on both sides	.	.	.	.	.	.	.	2

Total rejected 140

The following were inspected at Glasgow, from 1st January 1817 to 20th June 1823.

613	Number inspected for	.	.	.	.	.	.	.	1817
593	" "	.	.	.	.	.	.	.	1818
805	" "	.	.	.	.	.	.	.	1819
1,138	" "	.	.	.	.	.	.	.	1820
788	" "	.	.	.	.	.	.	.	1821
1,122	" "	.	.	.	.	.	.	.	1822
696	" "	.	.	.	.	.	.	.	1823

5,755 Total inspected.

4,469 Total inspected at Edinburgh.

10,224 Total inspected at both places.

Rejected for varicocele on the right side	.	.	.	.	.	.	.	3
Ditto on the left side	.	.	.	.	.	.	.	89
Ditto on both sides	.	.	.	.	.	.	.	6

Total rejected 98
Total rejected at Edinburgh 140

Total rejected at both places 238

Of the 10,224 inspected at both places, 238 were rejected for varicocele = 23·2 per 1000 of inspected.

It will be seen from these statistics how large a proportion of recruits are rejected on account of varicocele. Moreover, it ought to be borne in mind that only those afflicted with this disease to such

an extent as to interfere with their usefulness as soldiers would be rejected, and that, therefore, many slight eases of varicocele may have been admitted. As a reason for submitting slight eases to the treatment I have explained, may be here stated the great tendency such have to increase.

The disproportion between the number of cases on the right and left sides is well seen in the Edinburgh and Glasgow returns. Mr Marshall says, "Varicocele seldom occurs except on the left side. I do not recollect having ever seen a well-marked ease of it on the right side, although I have examined nearly 30,000 recruits."—(Marshall *On the Enlisting, &c., of Soldiers*. 1839. P. 32.) The ease I have given is interesting, in that it details a well-marked ease on the right side. And the special claims of the above communication to notice, consist in its pointing out a source of fallacy in the ordinary mode of diagnosis between hernia and this affection, and in its giving the description of a more efficient truss than has yet been used for the cure of varicocele.

NOTE.—A good specimen of the truss (Fig. 3), I find, has not been sent to the artist. The pad has been made larger, and the encircling spring broader, than there is any occasion for; besides, the neck of the pad has not been so constructed as to admit of elongation. Notwithstanding these defects, the drawing will convey a correct idea of the appearance and mode of acting of the instrument.

